

App ID

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State of Hawaii

Housing and Community Development Corporation of Hawaii

HCDCH USE ONLY

NEW

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HIST

SAMPLE ONLY

- Application for Public Housing and Rental Assistance Programs -

NOT PRINTABLE

Instructions: Please print and complete each section/item on this application. If not applicable to you, write "NA" in the space provided. Do not leave any section unanswered.

Head of Household

Last Name

First Name

Middle Initials

Mailing Address

No.

Street

Apt. No.

City

State

Zip

Residential Address

No.

Street

Apt. No.

State

Zip

Home Phone

Message Phone

Business Phone

Please select the preferred area you wish to reside:

<div>City and County of Honolulu</div> <div><input type="checkbox"/> Honolulu (Red Hill to Palolo)</div> <div><input type="checkbox"/> Central Oahu (Wahiawa to Waialua)</div> <div><input type="checkbox"/> Windward Oahu</div> <div><input type="checkbox"/> Leeward Oahu (Pearl City to Waianae)</div>	<div>County of Hawaii</div> <div><input type="checkbox"/> East Hawaii (Hilo, Honokaa to Ka'u)</div> <div><input type="checkbox"/> West Hawaii (Kona, Kohala, Waimea)</div>	<div>County of Maui</div> <div><input type="checkbox"/> East Maui (Kahului to Wailuku)</div> <div><input type="checkbox"/> West Maui (Lahaina)</div> <div><input type="checkbox"/> Molokai</div> <div><input type="checkbox"/> Lanai</div>	<div>County of Kauai</div> <div><input type="checkbox"/> East Kauai (Hanamaulu to Kapaa, Kilauea, Kalaheo)</div> <div><input type="checkbox"/> West Kauai (Koloa to Kekaha)</div>
<div>Oahu Applications Office</div> <div>1002 N. School St. Bldg A</div> <div>P.O. Box 17907</div> <div>Honolulu, HI 96817</div> <div>Telephone: 832-5960 TTD: 832-6083</div>	<div>Big Island Housing Office</div> <div>600 Wailoa St.</div> <div>Hilo, HI 96720</div> <div>Telephone: 933-0474 TTD: 933-0593</div>	<div>Maui Housing Office</div> <div>2015 Holowai Pl.</div> <div>P.O. Box 885</div> <div>Wailuku, HI 96793</div> <div>Telephone: 243-5001 TDD: 243-5847</div>	<div>Kauai Housing Office</div> <div>4726 Malu Rd.</div> <div>P.O. Box 650</div> <div>Kapaa, HI 96746</div> <div>Telephone: 821-4415 TDD: 821-6951</div>

I/we am/are applying for the following housing programs:

☐ Federal Low Rent Housing for the Elderly

☐ Federal Low Rent Housing for the Family

☐ State Housing

☐ Section 8 Housing Choice Voucher

☐ Rent Supplement Program

The Housing and Community Development Corporation of Hawaii (HCDCH) assigns units in accordance with prevailing zoning and City and County Building, health and fire codes. A family shall be assigned the smallest unit suitable for its needs and each bedroom shall be occupied by at least one person. As an applicant you may also wait for a smaller unit than the HCDCH determines you qualify for, providing your family meets certain criteria. Are you willing to accept a smaller unit? ☐ Yes ☐ No

Effective June 1995, Section 214 of the Housing and community Development Act of 1980 prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons other than United States Citizens, nationals, or certain categories of eligible non-citizens.

Is any member of your household an alien with a Visa? Yes ☐ No ☐

If Yes, Give family member's name and alien number(s)

	Household Members who will be living with you							Race	Ethnicity	Birth Place				US Citizen	Income <small>Includes: UIB, Work Comp., Pension, VA, Child Support, Alimony, TDI</small>				
HH	Last	First	M I	Relation to HEAD	Sex	Social Security Number	Date of Birth	1=White 2=Black 3=Am Indian 4=Asian 5=Pac. Islander	2=Non-Hispanic 1=Hispanic	Am Indian Cambodian Chinese Filipino Hawaiian Japanese Korean Laotian Samoan Vietnamese	City	State	Resident Y - N	Country	Y=Yes N=No	W=Wages S=Soc. Sec P=Welfare O=Other	Occupation	Rate of Pay/hr Or Monthly	Employer
1				HEAD OF HOUSE															
2	JONES	j.																	
3	SAMPLE	SAMPLE																	
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Does anyone in your family require a unit to accommodate their special needs? Yes ☐ No ☐

If Yes, indicate the type of unit and for whom

Have you or any person(s) on your application ever been convicted for any offense against the law? Yes ☐ No ☐

Have you or any person(s) on your application been subjected to the lifetime sex offender registration? Yes ☐ No ☐

If, Yes, list name and offense and date  
Drug or Violent Criminal related? Yes ☐ No ☐

Is anyone in your household pregnant? Yes ☐ No ☐

If Yes, who is pregnant and expected date of birth

SAMPLE - ASSETS - NOT PRINTABLE

Report if anyone on the application has assets. Assets are any savings, checking accounts, property/real estate, stocks bonds, mutual funds, life insurance, IRA/ Keogh/Deferred Compensation, trust funds, investments, profit sharing, lump sum settlements and joint accounts.

Type of Asset	Owner of Asset	Value or balance	Institution	Address

REFERENCES

Current Landlord's Name	Rent	# of Bedrooms in your unit NONE Are You Sharing a Unit? <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> No	Mailing Address	Dates of Occupancy	Phone
Prior Landlord					
Prior Landlord					
Has anyone in your household served in the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, indicate name, branch of service and service dates <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> National Guard <input type="checkbox"/> Marine Corp. <input type="checkbox"/> Other		Name: Dates:
Have you filed an application with the HCDCH in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, date last filed and Under what name?		
Have you lived in a government-subsidized project or received any kind of rental assistance, such as Section 8 or Rent Supplement? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, Names of Project/Programs Dates You Lived There Under What Name?		
Have you ever been evicted from an HCDCH project or any government subsidized project? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, Names of Project/Programs		

**SAMPLE - CERTIFICATION FOR PREFERENCE FOR HOUSING ASSISTANCE - NOT PRINTABLE**

Applicants for the federally-aided low income public housing, Section 8 housing assistance programs and the state-aided project shall be given preference if they meet one of the conditions listed below. Please check-off the condition(s), which applies to you now. At the time of final eligibility screening, you will be required to provide proper verification on your preference. You must still have a preference(s) prior to placement into a unit or voucher issuance. While on the waiting list, you must notify this office of any changes in your housing situation as it may affect your preference.

- ☐ **I/WE DO NOT QUALIFY FOR A PREFERENCE AT THIS TIME.**  
(Families with no preference will remain on the waiting list for an indefinite period.)
- ☐ **I/WE HEREBY CERTIFY THAT I/WE QUALIFY FOR A PREFERENCE BECAUSE OF:**

A

☐ Victims of Domestic Violence.☐ Homeless families that are residing in a transitional shelter for the homeless and who are in compliance with a social service plan.☐ Involuntary Displacement.

B

☐ Living in Substandard Housing☐ Paying more than fifty percent (50%) of annual income for rent.

C

☐ Veterans and veterans' surviving spouses.☐ Residents who live and/or work in the jurisdiction (by county)☐ Families that contribute to meeting the PHA's income targeting requirements.☐ Victims of reprisals or hate crimes.☐ Working families and those unable to work because of age or disability.
- ☐ **I/WE HEREBY CERTIFY THAT I/WE QUALIFY FOR THE STATE-AIDED PREFERENCE BECAUSE I/WE ARE A:**

☐ Disabled veterans with service connected disabilities.☐ Families of deceased veterans whose death was determined to be service connected.☐ Other veterans and servicemen.☐ Families residing in a transitional shelter for the homeless and who have *successfully completed* a social service plan.

Hawaii's public housing does not condone drug usage. The Housing and Community Development Corporation of Hawaii does not discriminate against any persons because of race, color, sex, disability, familial status, national origin, religion or any other non-merit factors. You have the right to ask for a hearing in writing if you are dissatisfied.

We certify that all the information provided is correct to the best of my knowledge and I/we am/are not falsifying or withholding any information from the Housing and Community Development Corporation of Hawaii. I understand that I/we may be denied admission to programs administered by the Housing and Community Development Corporation of Hawaii or subject to eviction/termination and/or back charges for falsifying or withholding any information requested in this application, pursuant to Title 15, Chapters 184, 185, 190, and 193, Hawaii Administrative Rules.

We authorize the Housing and Community Development Corporation of Hawaii to obtain and verify information about the income, assets, personal data and conduct of all persons listed in my household. Sources of such information may include but are not limited to employers, social workers, welfare workers, landlords, resident managers, housing managers, parole officers, court records, drug treatment centers, clinics, physician, or police departments.

We hereby declare that the above certification is true. I/We understand that I/we must provide verification of my above claim for preference from reliable sources acceptable to Housing and Community Development Corporation of Hawaii (HCDCH). HCDCH will tell me when to provide this verification.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF SPOUSE

**SAMPLE - CERTIFICATION BY AUTHORIZED REPRESENTATIVE OR OTHER PERSON ASSISTING IN FILLING OUT APPLICATION - SAMPLE**

I HELPED THE APPLICANT FILL OUT THIS FORM.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE, LEGAL GUARDIAN, INTERPRETER, OR OTHER PERSON

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

Sample